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**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

## **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 05 Carbon 0056 Red Lodge Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Percentage Per Day Per Mile Operated Social Security # # Capacity Inspection 58 1 1 109.8 1.36 66 08/28/04 2 58 101 1.36 66 08/28/04 3 91.8 08/28/04 58 1 1.36 66 4 58 37.4 1.36 1 66 None 58 4A 8 1.36 66 08/28/04 58 1 5 55 1.36 66 08/28/04 0.95 58 1 6 253 19 08/28/04

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintender February 15 to State Superintender			Second Semester May 10 to County Superintendo May 24 to State Superintendent
COMPLE	TE THIS CLAIM FOR STATE REIMBURS	EMENT FO	OR SCHOOL B	US TRANSPORTATION:
This claim	is for the period beginning	. 20	and ending	. 20

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent PLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR					NT FOR SC	May 2	0 to County 4 to State S	uperinte	ntendent ndent
							ending			20 .
				month	day	,	0	month	d	ay
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my k	nowledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District:				District Level:			
05 Carb	on		0057	Red Lod	ge H S				High S	chool
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated	Bus Driver's Social Security #
42	1	1		109.8	1.36	66	08/28/04			
42	1	2		101	1.36	66	08/28/04			
42	1	3		91.8	1.36	66	08/28/04			
42	1	4		37.4	1.36	66	None			
42	1	4A		8	1.36	66	08/28/04			
42	1	5		55	1.36	66	08/28/04			

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08/28/04

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	Helena, MT 59620-2501						School Bus Transportation					
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRAI	NSPOR'	FATION:			
This clain	m is for the	period beginning	3		,	20 and er	ding		, 20_	<b>.</b>		
		month day					m	onth	day			
CERTIF	ICATIO	N:										
The infor	mation on	this form is comp	olete and a	accurate to the	e best of my kn	owledge.						
Date			Signature	e, Chair, Board	d of Trustees							
County:			District:						District Level:			
05 Carb	Carbon 0059 Bridger K-12 Schools					ols			High Sch	ool		
Percentage	District #	Route #	-	Miles Per Day	Rate Per Mile	Capacity	Inspection		ays erated	Bus Driver's Social Security #		
100	2	1		43.6	1.15	54	08/10/04					

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

			,		-					
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									N:	
This clain	n is for the	period beginning	I		,	20 and	ending		_, 20	
			r	nonth	day			month	day	
CERTIF	[CATIO]	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date Signature, Chair, Board of Trustees										
County: District:  05 Carbon 0060 Joliet Elem								District 1		
05 Carb	District	Route	0000	Miles	Rate	1		Days	Bus Driver's	
Percentage	#	#		Per Day	Per Mile	Capacity	Inspection	Operated	Social Security #	
67	7	1		62	1.57	72	07/23/04			
67	7	2		70	1.36	65	07/14/04			
67	7	2A		79.3	1.36	65	07/14/04			
67	7	3		71.6	1.57	70	07/14/04			
67	7	4		50.6	1.57	71	07/23/04			
67	7	5		47	1.57	72	07/14/04			

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	URSEMEN	T FOR S	СНОО	L BUS TRA	NSPORTATION	:	
This clain	n is for the	period beginning	·			20 and	d ending			20	
			,	month	day		8	n	nonth d	ay	
CERTIFICATION:											
		this form is comp	lete and	accurate to the	e best of my kno	owledge.					
Date			Signatu	re, Chair, Board	l of Trustees						
County:			District						District L	evel·	
County.			District	•							
05 Carb	on		0061	Joliet H	S				High S	chool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	y	Inspection	Days Operated	S	Bus Driver's ocial Security #
33	7	1		62	1.57	72		07/23/04			
33	7	2		70	1.36	65		07/14/04			
33	7	2A		79.3	1.36	65		07/14/04			
33	7	3		71.6	1.57	70		07/14/04			
33	7	4		50.6	1.57	71		07/23/04			
33	7	5		47	1.57	72		07/14/04			

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**School District Claim for State Reimbursement for School Bus Transportation** 

<b>DUE</b>
DATES

DUE DATES:		February 1 February 1	to Cou 5 to Sta	te Superint	endent			May 24 t	Second Semeste o County Superin o State Superinter	tendent ndent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									<u> </u>	
This clain	n is for the	period beginning	S			20 an	d ending		<b>,</b>	20
			1	month	day			n	onth da	ay
CERTIF	ICATION	<b>V:</b>								
The infor	mation on t	this form is comp	lete and	accurate to the	e best of my kno	owledge.				
Date Signature, Chair, Board of Trustees										
County:			District	:					District Le	vel:
05 Carbon 0069 Roberts K-12 Schools					ols			High S	chool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacit	y In	spection	Days Operated	Bus Driver's Social Security #
100	5	1		61.6	1.36	60	03	8/14/04		
100	5	2		105.2	0.95	40	0	8/14/04		
100	5	3		52	0.95	47	0	8/14/04		
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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	
County	

		Hele	na, M	T 59620-25	01		School Bus T	ransportation	County
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent		
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATION	l <b>:</b>
This clain	m is for the	period beginning	,	month	, day	20 and en	ndingm		, 20 day
CERTIF	ICATIO	N:							
The info	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District	:				District L	evel:
05 Carb	on		0071	Fromber	g Elem			Eleme	ntary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	30	1		56	1 36	60	07/26/04		

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07/26/04

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

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DUE DATES:	F	ebruary 1 Sebruary 1	5 to State	ty Superin	endent	Thon acres	May 24 to	Second Semester County Superint State Superinter	tendent
COMPL	ETE THIS (	CLAIM FC	<u> JR STAT</u>	E REIMB	URSEMEN	T FOR SCH	OOL BUS TRAN	NSPORTATION:	
This clain	m is for the per	iod beginning	3		,2	20 and end	ling	, 2	20
			mo	onth	day		mo	onth da	y
CERTIF	ICATION:								
The info	rmation on this	form is comp	lete and ac	ccurate to the	e best of my kno	owledge.			
Date			Signature,	, Chair, Board	l of Trustees				
County:			D					D' ' ' I	
County.			District:					District Lev	vel:
	on			Fromber	g H S				
05 Carb  Percentage	District #	Route #		Fromber Miles Per Day	g H S Rate Per Mile	Capacity	Inspection	High So  Days Operated	
05 Carb	District			Miles	Rate	Capacity 60	Inspection 07/26/04	High So	chool  Bus Driver's

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, M	Г 59620-25	01		School Bus T	ransportation	County	
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCI	HOOL BUS TRAI	NSPORTATION	•	
This clain	n is for the	period beginning	3		,	20 and e	nding	,	20	
			1	month	day		m	onth d	ay	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:				District Le	evel:	
05 Carb	on		0073	Edgar El	lem			Elemen	ntary	
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	33	1		80	0.95	48	None			

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

## **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 05 Carbon 0076 Belfry K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Capacity Operated Social Security # Percentage # Inspection 100 3 1 61.6 1.15 59 08/10/04 2 3 100 45.2 0.95 34 08/10/04 3 100 3 59.8 0.95 41 08/10/04

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501							School Bus Transportation County			
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR						Second Semester May 10 to County Superintendent May 24 to State Superintendent R SCHOOL BUS TRANSPORTATION:			
This clair	m is for the	period beginning	3			20 and e	nding	, 20		
			n	nonth	day		m	onth d	ay	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and a	accurate to th	e best of my kr	owledge.				
Date Signature, Chair,					d of Trustees					
County: District:								District Le	District Level:	
05 Carbon 1231 Luth				Luther E	r Elem			Elementary		
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	9/10	1		116	0.95	35	08/27/04			